

SAMPLE INFORMATION SHEET

Fluoride - Monthly

North Dakota Department of Health

Fluoride Addition Program

Contact: Amy Kinzler
(701) 328-5258

For Laboratory use only

Lab ID:

Preservation:

Yes ☐ Temp:

No ☐ Initials:

SECTION 1: Public Water System Information	SECTION 2: Sample Collection Information
<p>PWS Name:</p> <p>PWS Number:</p> <p>Zip Code:</p>	<p>Sampler Name:</p> <p>Phone Number:</p>
<p>Operator Value: _____</p> <p>Comments:</p>	<p>Date Collected:</p>

<i>For Department Use Only</i>	Section 3:	<i>For Department Use Only</i>
<p>Sample Type: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Response <input type="checkbox"/> Confirmation <input type="checkbox"/> Recollect <input type="checkbox"/> Non SDWA <input type="checkbox"/> Other</p>		
Analysis to be Performed		
<p>Fluoride Only</p>		